



# Brazoria County Youth Wrestling Team

Brazoria County Wrestling Team coaches boys and girls the art of Collegiate, Freestyle and Greco-Roman wrestling. Their goal is to not only build great wrestlers but to build great people. They believe that wrestling teaches all the intangibles that provide opportunities for success. It teaches you how to set goals and a self-contained platform to achieve them. It teaches them attention detail and most importantly – it teaches a child how to have a great work ethic. NO SUCCESS IS ACHIEVED WITHOUT HARD WORK!

<b>League:</b>	Brazoria County Youth Wrestling Team
<b>Ages:</b>	4 -18 years of age
<b>Monthly Fee:</b>	\$20.00 members/\$25 non-members (effective February enrollment) (Payment is due by the first Wednesday of each month)
<b>Dates/Time:</b>	Monday/Wednesday/Friday 6:30 – 8:00 pm
<b>Where:</b>	Recreation Center Aerobics Room
<b>Coaches:</b>	Chris Dice and Joe Castro
<b>For more information:</b>	For more information or questions on the league please contact Josie Andrews at <a href="mailto:ajosie21@yahoo.com">ajosie21@yahoo.com</a> .

## CLASS POLICIES

**Attendance:** Please show up at least 5 minutes before class begins. Recreation Center members and non-members must sign the program activity roster at the front desk kiosk before entering class.

**SPECIAL NOTE:** Family members/Observers that have a membership must scan in upon entering the facility. Those who do not have a Recreation Center membership and plan on staying at the facility, must sign in on the Wrestling role sheet as an observer and are not permitted utilize or walk about the facility. To keep from interrupting classes parents are asked not to bring siblings who are not registered for Wrestling.

**Payment:** Monthly fees are due by the first Wednesday of each month. Students will not be allowed to participate if fees have not been paid.

**Refunds:** Once you complete program/activity registration, it is considered final and participants will not be refunded. The Lake Jackson Recreation Center reserves the right to cancel programs due to insufficient registration, inclement weather or injury or illness of instructor(s) within 72 hours of the scheduled program. Participants will be notified by phone of the cancellation and a full refund will be given.

**Appropriate attire:** All participants should be dressed in athletic shorts or pants and t-shirts. **Nothing with zippers or buttons** please because it will tear the mats. For more information please talk with the coaches. If it is necessary to change at the facility, please arrive several minutes early for the scheduled class, but no more than a half an hour. Please properly label all items brought to class, as we cannot be responsible for lost or stolen items.

**Class discipline:** We reserve the right to take children out of classes when they are verbally or physically abusive to students or coaches, or if they disrupt the class.



# Brazoria County Youth Wrestling Team

Participant Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of Sept. 1 of this Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

PARENT/GUARDIAN – Primary Emergency Contact	PARENT/GUARDIAN
Relationship to Camper _____	Relationship to Camper _____
Name: _____	Name: _____
Phone: _____	Phone: _____
Cell Phone: _____	Cell Phone: _____
<input type="checkbox"/> check if okay to pick up	<input type="checkbox"/> check if okay to pick up
<input type="checkbox"/> check if primary contact for payment information	<input type="checkbox"/> check if primary contact for payment information

You're your Child have any Allergies: ☐ YES ☐ NO

If YES, please list: \_\_\_\_\_

Is your child subject to diabetes, asthma, fainting, or heart trouble? ☐ YES ☐ NO

If YES to any of these, please explain: \_\_\_\_\_

Does your child have any activity restrictions? ☐ YES ☐ NO

If so, what restrictions? \_\_\_\_\_

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I understand and agree to indemnify, save and hold harmless the City of Lake Jackson, its agents and employees, from and against all claims, damages, losses and expenses (including attorney's fees, medical, and ambulance cost) that may that may arise out of my child's use of or presence on city property or arising out his or her participation in any activities or functions that may occur during the program, including contact with persons, animals or creations of nature of any and every kind that exist on property that may or may not be under the control of the City of Lake Jackson. In case of an emergency and I cannot be contacted, then I hereby authorize medical treatment.

I understand that City of Lake Jackson employees often take photographs of various community and/or athletic events throughout the community. I hereby grant the City of Lake Jackson permission to use my likeness or, if I am the parent or legal guardian of a minor child who is younger than 18 years of age, I give permission to use the minor's likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to the City of Lake Jackson to share this image with third parties for use in any and all of its publications, including website entries, without payment or other consideration.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Emp Initials: _____	Date: _____
Payment: _____	Cash: _____	Check: # _____ Credit: _____
		CC AUTH #: _____